

# Collection Boxes

Certificate of Authority  
to collect donations on behalf  
of Canine Partners



Please complete this form and return it to us **BEFORE** we send out collection boxes to you and ensure that you have read and agreed to the accompanying step-by-step guide.

Reason for request, please tick:

- For my use as an individual
- For my use at an event
- For my use as a representative of the Charity within premises in my local community e.g. local pub
- For use with a Community Charity Partner
- For use with a Corporate Partner

**Please note if for use as an individual or at an event please make sure the collection box stays in your possession only.**

Number of collecting boxes required:  With chains  Without chains  
*(Note that any box left in a public place MUST have a chain)*

## Collection Box Holder details

Title: ..... First Name: ..... Last name: .....

Organisation (if applicable): .....

Address: .....

Postcode: ..... Tel: .....

Email: .....

I accept full responsibility on behalf of Canine Partners for the collection boxes that I have requested. I confirm that the opening and counting of monies will be witnessed and the full amount will be sent to Canine Partners, either as a cheque or debit card payment.

Signed: ..... Date: .....

Print name: .....

## Signed by Canine Partners

Signed: ..... Date: .....

Print name:.....